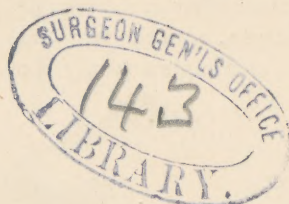


32
Cohen (J. Solis)

Compliments of
DR. J. SOLIS COHEN.
1437 Walnut St.
PHILADELPHIA.



CASE OF CYSTIC ADENOMA OF BASE OF TONGUE ; WITH
RETRO-PHARYNGEAL AND CERVICAL ADENOMA.

By J. SOLIS-COHEN, M. D.,

PHILADELPHIA.

* * * A married woman, 40 years of age, applied in February, 1880, to the Laryngoscopic Department of Jefferson Medical College Hospital, for relief from an impediment to speech and deglutition.

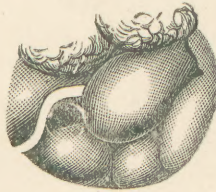
Impairment of deglutition was reported as of fifteen years' date, and impairment of articulation as of thirteen and a half years' duration. There had been occasional attacks of what was diagnosed as laryngitis ; generally in the spring and in the fall.

My attention was called to the patient with word that a tumor of the epiglottis existed, which I was requested to remove ; and that there was an abcess of the pharynx on which my opinion was solicited.

On laryngoscopic examination of the very well nourished and docile patient, I discovered an elongated globose tumor the size of a small grape, attached to the posterior portion of the root of the left side of the tongue, and lying in front of the epiglottis ; while a post-pharyngeal projection pressed close upon it from the junction of the posterior and lateral walls of the same side of the throat.

Reprinted from ARCHIVES OF LARYNGOLOGY, Vol. I, No. 3, September, 1880.

To seize this growth with a pair of ordinary dressing forceps and sever its connection from the tongue, was but the work of a moment; and in a minute the impediment to articulation was overcome. The bleeding was insignificant and soon ceased spontaneously, by which time it was evident that normal deglutition had become practicable. The laryngoscope now revealed a healthy larynx, with the left vocal band in the cadaveric position, indicative of complete paralysis of the recurrent laryngeal nerve of



Cystic adenoma of root of tongue; with retro-pharyngeal adenoma to the side.

that side. Examination externally revealed a cervical tumor extending three inches from just below the left ear, in an oblique direction closely corresponding with that of the anterior edge of the sterno-cleido-mastoid muscle, and in its broadest portion two inches and one tenth in diameter. The pulsation of the carotid artery was very perceptible on palpation of this growth. Internally the tumor projected into the pharynx to the bulk of a large almond; and upon palpation there, the pulsation was still more perceptible. The patient reported that the external tumor was of five years' growth, and had been preceded by a disagreeable feeling in the ear as though some muscle of the neck had been strained. Audition in this left ear was normal, while hearing was completely abolished in the right ear.

Surgical interference with the cervico-pharyngeal growth was declined on my part as too hazardous; an opinion in which I was confirmed by the judgment of my colleague, Dr. S. W. Gross, of the surgical staff of the hospital.

Dr. Seiler examined the growth, removed and pronounced it a cystic adenoma.

At last date (August, 1880), the external tumor is slowly enlarging; and paralysis of the left side of the tongue, with atrophy, has become superadded to the paralysis of the left vocal band.

